

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE

DIVISION

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IN CLERK'S OFFICE

MAY 13 2016

U.S. DISTRICT COURT  
MID. DIST. TENN.

Rodney Hinderliter Jr.

(Name)

4215

(Prison Id. No.)

(List the names of all the plaintiffs filing  
this lawsuit. Do not use "et al." Attach  
additional sheets if necessary.)

(Name)

(Prison Id. No.)

Civil Action No. \_\_\_\_\_  
(To be assigned by the Clerk's Office.  
Do not write in this space.)

Plaintiff(s)

v.

JURY TRIAL REQUESTED ☒ YES ☐ NO

STEWART CO. Sheriff Dept,

(Name)

LISA HATCHER

(Name)

(List the names of all defendants  
against whom you are filing this  
lawsuit. Do you use "et al." Attach  
additional sheets if necessary.)

Defendant(s)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED  
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff:

Rodney Hinderliter Jr.

Prison I.D. No. of the first plaintiff:

4215

Address of the first plaintiff:

PO Box 69 DOVER TN  
37058

Status of Plaintiff: CONVICTED ☐

PRETRIAL DETAINEE ☒

2. Name of the second plaintiff:

Prison I.D. No. of the second plaintiff:

Address of the second plaintiff:

Status of Plaintiff: CONVICTED ☐

PRETRIAL DETAINEE ☐

*(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)*

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: STEWART County Sheriff Dept.  
 Place of employment of the first defendant: DOVER TN  
 First defendant's address: 314 CEDAR STREET  
DOVER TN 37058  
 Named in official capacity? ☒ Yes ☐ No  
 Named in individual capacity? ☐ Yes ☐ No
2. Name of the second defendant: LISA HATCHER  
 Place of employment of the second defendant: Stewart county  
Sheriff detention Center Dover TN  
 Second defendant's address: 314 Cedar Street  
Dover TN 37058  
 Named in official capacity? ☒ Yes ☐ No  
 Named in individual capacity? ☒ Yes ☐ No

*(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)*

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners). Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

## B. continuation Defendants

3. Name: Advanced Correctional Healthcare

Place of Employment:

Address: 3922 W Barring Trace Peoria IL 61615

named in official capacity ☒ yes

named in Individual capacity ☒ yes

4. Name: Jason Ballenger

Place of Employment: Advanced Corr. Healthcare

Address: 3922 W. Barring Trace Peoria IL 61615

named in official capacity ☒ yes

named in ~~official~~

Individual capacity ☒ yes

5. Name: Sheriff Derik Wyatt

Place of Employment: STEWART CO. Sheriff Dept

Address: 314 Cedar St Dover TN 37058

named in official capacity ☒ yes

named in Individual capacity ☒ yes

**III. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)**

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?      \_\_\_Yes      XNo

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs \_\_\_\_\_

Defendants \_\_\_\_\_

2. In what court did you file the previous lawsuit? \_\_\_\_\_

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? \_\_\_\_\_

4. What was the Judge's name to whom the case was assigned? \_\_\_\_\_

5. What type of case was it (for example, habeas corpus or civil rights action)? \_\_\_\_\_

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) \_\_\_\_\_

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? \_\_\_\_\_

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) \_\_\_\_\_

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit?      \_\_\_Yes      \_\_\_No

***(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)***



#### IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. \_\_\_\_\_

\_\_\_\_\_

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

***(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)***

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☐ Yes ☐ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? \_\_\_\_\_

2. What was the response of prison authorities? \_\_\_\_\_

\_\_\_\_\_

F. If you checked the box marked "No" in question IV.D above, explain why not. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☒ Yes ☐ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☒ Yes ☐ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? Medical requests filed

& grievance procedure

2. What was the response of the authorities who run the detention facility? STATED  
that is a medical issue that needs addressed  
by nurse

J. If you checked the box marked "No" in question IV.H above, explain why not. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

8<sup>th</sup> Amendment rights protection from  
cruel and unusual punishment

\_\_\_\_\_

\_\_\_\_\_

## VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

- A) Since @ MARCH 14 2016 I have had excruciating  
pain in my mouth from broken teeth.  
nothing being done by medical after repeated  
requests. ✓
- B.) Since @ MARCH 14 2016, My pschy medication  
has been denied me.
- C.) Since @ MARCH 14 2016, I have had  
an ingrown eye lash poking into my eye  
repeatedly asked medical + guards  
for help. no remedies. ✓
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**VII. RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do for you.

1.) PAY COURT COSTS  
~~PAY \$500.00 per day of Incarceration.~~  
~~Since MAR 5, 2016. Without treatment.~~  
 2.) \$10,000.00

I request a jury trial. ☒ Yes ☐ No

**VIII. CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Rodney Hinderliter Jr. Date: 4-17-16  
 Prison Id. No. 4215  
 Address (Include the city, state and zip code.): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Prison Id. No. \_\_\_\_\_  
 Address (Include the city, state and zip code.): \_\_\_\_\_

**ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT,** and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

**ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS,** if not paying the civil filing fee.

**SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER.** Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.



Rodney Hinderliter JR.  
PO BOX 69  
DOVER TN  
37058

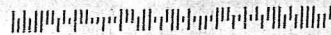


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U.S. DISTRICT COURT  
MID. DIST. TENN.

U.S. COURT CLERK  
US COURTHOUSE ROOM 800  
NASHVILLE, TN.  
37203





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